Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

361365	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a contract (ETC)	ertification form for each SAC through which it provides Lifeline service).
MN	Callaway Telephone Company Inc.
State	ETC Name
arvig	Arvig Enterprises, Inc
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	Yes No No No No No No No No No N
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete to	this section
I certify that the company listed above has certification pro	ocedures in place to:
	ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in the consumer of the consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the company named above. I am authoabove.	orized to make this certification for the Study Area Code listed
Initial SM	

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
9	0	0	0	9

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
9	6

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Thitial

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
9	6	66.67%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Contact Phone Number

Printed Name and Title of Officer
01/27/2015
Date
218-346-8446

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley-Ulen Telephone Company
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
361430	Melrose Telephone Company
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Study Area Code (SAC)	vide a certification form for each SAC through which it provides Lifeline service).	
MN	Clements Telephone Co.	
State	ETC Name	
arvig	Arvig Enterprises, Inc	
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
determined in accordance with Section 3(2) of the Communic	Cs? Yes No No Security No No Security No Security No	
	Affiliated ETC's Name	
Affiliated ETC's SAC		

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

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Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
2	0	0	0	2

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
2	2

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	Initial

OR

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
2	2	100.0%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer
01/27/2015
Date

218-346-8446 Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
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361472	Redwood County Telephone Company
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Vallev Telephone Company
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IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

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361374	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a ca	ertification form for each SAC through which it provides Lifeline service).
MN	Arrowhead Communications Corporation
State	ETC Name
arvig	Arvig Enterprises, Inc
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes No O
	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete to	his section
I certify that the company listed above has certification pro	cedures in place to:
	ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in t	to a state database and/or notice of eligibility from the state he Lifeline program.
I am an officer of the company named above. I am authoabove.	orized to make this certification for the Study Area Code listed
Initial SM	

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
20	0	0	11	9

Recertification Results:

F	G	H = (F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
9	6

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

nitial			

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

USAC

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial SM

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

OR

Initial	
KILLLIGA	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

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Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
9	6	66.67%

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Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	0	
October	0	
November	0	
December	0	
Total Subscribers	0	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer
01/27/2015
Date

218-349-8446

Contact Phone Number

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DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes 📵 No 🔘
	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
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Section 1: Initial Certification All ETCs must complete to	his section
I certify that the company listed above has certification pro	cedures in place to:
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Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
46	0	0	2	44

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
44	28

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	Initial

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

USAC

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial SM

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
44	28	63.64%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q	
Month	Subscribers De-Enrolled for Non-Usage	
January	0	
February	0	
March	0	
April	0	
May	0	
June	0	
July	0	
August	0	
September	0	
October	0	
November	0	
December	0	
Total Subscribers	0	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer 01/27/2015

Date 218-346-8446

Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Vallev-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
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Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

Study Area Code (SAC) (Are Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service). MN East Otter Tail Telephone Company State BTC Name Arvig ETC Name Arvig ETC Name Holding Company Name (If same as ETC name, list "NA" Do not leave blank) Does the reporting company have affiliated ETCs? Yes No No Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 133(2). See also 47 C.F.R. § 76.1200. Affiliated ETC's SAC See attached worksheet For purposes of this filling, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, persident for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, an that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility accumentation of the study Area Code listed above. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	361385	
State arvig DBA, Marketing or Other Branding Name (If same as ETC name, list "NA" Do not leave blank) Does the reporting company have affiliated ETCs? Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly, owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 CFR. § 76.1290. Affiliated ETC's SAC —See attached worksheet For purposes of this filling, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, an that, to the best of my knowledge, the company was presented with documentation of each consumer's househol income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	The second secon	vertification form for each SAC through which it provides Lifeline service).
arvig DBA, Marketing or Other Branding Name (If same as ETC name, list 'NA' Do not leave blank) Does the reporting company have affiliated ETCs? Yes No No Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines 'affiliate' as "a person that (directly or indirectly, owns or controls, is owned or controlled by, or is under common ownership or control with, another person," 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200. Affiliated ETC's SAC Affiliated ETC's Name For purposes of this filling, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, an that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	MN	East Otter Tail Telephone Company
DBA, Marketing or Other Branding Name (If same as ETC name, list "NA" Do not leave blank) Does the reporting company have affiliated ETCs? Yes No No Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 133(2). See also 47 C.F.R. § 76.1200. Affiliated ETC's SAC —See attached worksheet For purposes of this filling, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, an that, to the best of my knowledge, the company was presented with documentation of each consumer's househol income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	State	ETC Name
Obes the reporting company have affiliated ETCs? Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 133(2). See also 47 C.F.R. § 76.1200. Affiliated ETC's SAC —See attached worksheet For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	arvig	Arvig Enterprises, Inc
Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly, owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200. Affiliated ETC's SAC —See attached worksheet For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	Provide a list of all ETCs that are affiliated with the reporting ETC, determined in accordance with Section 3(2) of the Communications owns or controls, is owned or controlled by, or is under common owns.	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly)
For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	Affiliated ETC's SAC	Affiliated ETC's Name
formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification. Section 1: Initial Certification All ETCs must complete this section I certify that the company listed above has certification procedures in place to: A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	See attached worksheet	
 A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above. 	formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be a comptroller, treasurer, or a comparable position. If the file	s a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
 A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above. 		
Lifeline administrator prior to enrolling a consumer in the Lifeline program. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.	A) Review income and program-based eligibility document that, to the best of my knowledge, the company was	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household
above.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	님 [) [
Initial SM		orized to make this certification for the Study Area Code listed
	Initial SM	

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
409	0	0	16	393

Recertification Results:

F	G	H = (F-G)	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
393	231

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

	above.
	Initial
	AND/OR
B.)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	USAC Results are provided in the chart above in
	Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the
	SAC listed above.
	Initial SM
	OR
(7)	I certify that my company did not claim federal low income support for any Lifeline subscribers for the February

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
393	231	58.78%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer
01/27/2015
Date
218-346-8446

Contact Phone Number

SAC	Name
361491	Twin Vallev-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Vallev Telephone Company
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Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

MN	Felton Telephone Company		
State	ETC Name Arvig Enterprises, Inc		
arvig			
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Does the reporting company have affiliated ETC	s? Yes O No O		
determined in accordance with Section 3(2) of the Communication	ETC, using page 4 and additional sheets if necessary. Affiliation shall be tions Act. That Section defines "affiliate" as "a person that (directly or indirectly) on ownership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC	Affiliated ETC's Name		
See attached worksheet For purposes of this filing, an officer is an occup	pant of a position listed in the article of incorporation, articles of the particle of the corporate by		
See attached worksheet For purposes of this filing, an officer is an occup formation, or other similar legal document. An office laws (or partnership agreement), and would typically comptroller, treasurer, or a comparable position. If the	pant of a position listed in the article of incorporation, articles of the person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance e filer is a sole proprietorship, the owner must sign the certification.		
See attached worksheet For purposes of this filing, an officer is an occup formation, or other similar legal document. An office laws (or partnership agreement), and would typically comptroller, treasurer, or a comparable position. If the Section 1: Initial Certification All ETCs must comp	pant of a position listed in the article of incorporation, articles of the cert is a person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance e filer is a sole proprietorship, the owner must sign the certification.		
See attached worksheet For purposes of this filing, an officer is an occup formation, or other similar legal document. An office laws (or partnership agreement), and would typically comptroller, treasurer, or a comparable position. If the Section 1: Initial Certification All ETCs must comp	pant of a position listed in the article of incorporation, articles of the cert is a person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance e filer is a sole proprietorship, the owner must sign the certification.		
For purposes of this filing, an officer is an occup formation, or other similar legal document. An office laws (or partnership agreement), and would typically comptroller, treasurer, or a comparable position. If the Section 1: Initial Certification All ETCs must comp. I certify that the company listed above has certification A) Review income and program-based eligibility documents.	pant of a position listed in the article of incorporation, articles of the present of a person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance of the filer is a sole proprietorship, the owner must sign the certification. In procedures in place to: The procedure in the Lifeline program, and the procedure in the Lifeline program in th		
For purposes of this filing, an officer is an occup formation, or other similar legal document. An office laws (or partnership agreement), and would typically comptroller, treasurer, or a comparable position. If the Section 1: Initial Certification All ETCs must compared to the company listed above has certification. A) Review income and program-based eligibility documents, to the best of my knowledge, the company income and/or program-based eligibility prior to his	pant of a position listed in the article of incorporation, articles of the president of a person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance of filer is a sole proprietorship, the owner must sign the certification. In procedures in place to: The proc		
For purposes of this filing, an officer is an occup formation, or other similar legal document. An office laws (or partnership agreement), and would typically comptroller, treasurer, or a comparable position. If the Section 1: Initial Certification All ETCs must compare I certify that the company listed above has certification A) Review income and program-based eligibility document, to the best of my knowledge, the company income and/or program-based eligibility prior to him. B) Confirm consumer eligibility by relying upon accompany income administrator prior to enrolling a consumer	pant of a position listed in the article of incorporation, articles of the president of a person who occupies a position specified in the corporate by the president, vice president for operations, vice president for finance of filer is a sole proprietorship, the owner must sign the certification. In procedures in place to: The proc		

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
8	0	0	1	7

Recertification Results:

F	G	H = (F-G)	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
7	4	_

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
Initial

	Initial	
	A	ND/OR
3.)	I certify that the company listed above has procedures	in place to recertify consumer eligibility by relying on:
	USAC	. Results are provided in the chart above in
	Blocks K through L. I am an officer of the company to	named above. I am authorized to make this certification for the
	SAC listed above.	
	Initial SM	
		OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
7	4	57.15%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer 01/27/2015 Date 218-346-8446

Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Vallev-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361374	Arrowhead Communications Corporation
361383	Eagle Vallev Telephone Company
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Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

361408	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a ce	rtification form for each SAC through which it provides Lifeline service).
MN	Home Telephone Company
State	ETC Name
arvig	Arvig Enterprises, Inc
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	Yes No
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p comptroller, treasurer, or a comparable position. If the file	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- resident, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete to	
I certify that the company listed above has certification pro	cedures in place to:
	station prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household ner enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in t	to a state database and/or notice of eligibility from the state he Lifeline program.
I am an officer of the company named above. I am authoabove.	orized to make this certification for the Study Area Code listed
Initial SM	

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
35	0	0	0	35

Recertification Results:

F	G	H = (F-G)	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L		
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC		
35	23		

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
-	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	Initial
	AND/OR
B .)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	USAC . Results are provided in the chart above in

OR

Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

W						
In	111	11 47	1			
. 5. 1.7		. II ci	I A			

SAC listed above.

Initial SM

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
35	23	65.72%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, Financial Officer

Certified Online

Signature of Officer Printed Name and Title of Officer

staci.malikowski@arvig.com 01/27/2015

Email Address of Officer Date

Loretta Tastad 218-346-8446

Person Completing This Certification Form Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
	There years Totalions Company
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Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

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361430	
Study Area Code (SAC)	
(An Eligible Telecommunications Carrier (ETC) must provide a co	ertification form for each SAC through which it provides Lifeline service).
MN	Melrose Telephone Company
State	ETC Name
arvig	Arvig Enterprises, Inc
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	Yes No
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete t	his section
I certify that the company listed above has certification pro	ocedures in place to:
	ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in t	to a state database and/or notice of eligibility from the state he Lifeline program.
I am an officer of the company named above. I am authorabove.	orized to make this certification for the Study Area Code listed
Initial SM	

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
250	0	0	7	243

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
243	137

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	Initial

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

USAC

Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial SM

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial ____

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
243	137	56.38%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer
01/27/2015
Date
218-346-8446

Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
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361431

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

ertification form for each SAC through which it provides Lifeline service).
Midwest Telephone Company
ETC Name
Arvig Enterprises, Inc
Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Yes No
Affiliated ETC's Name
of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, er is a sole proprietorship, the owner must sign the certification. This section
ocedures in place to:
ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household her enrollment in Lifeline; and/or
to a state database and/or notice of eligibility from the state the Lifeline program.
orized to make this certification for the Study Area Code listed

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
89	0	0	2	87

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
87	44	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

	Initial				
	AND/O	OR .			
B.)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:				
	USAC	Results are provided in the chart above in			
	Blocks K through L. I am an officer of the company name	ed above. I am authorized to make this certification for the			
	SAC listed above.				
	Initial SM				
	OR				

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Ini	tia	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
87	44	50.58%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer 01/27/2015

Date

218-346-8446

Contact Phone Number

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
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All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

361443	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide	a certification form for each SAC through which it provides Lifeline service).
MN	Loretel Systems Inc.
State	ETC Name
arvig	Arvig Enterprises, Inc
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ETCs.	
determined in accordance with Section 3(2) of the Communication	TC, using page 4 and additional sheets if necessary. Affiliation shall be ons Act. That Section defines "affiliate" as "a person that (directly or indirectly) ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An office laws (or partnership agreement), and would typically be	ant of a position listed in the article of incorporation, articles of its a person who occupies a position specified in the corporate byte president, vice president for operations, vice president for finance, filer is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must comple	ete this section
I certify that the company listed above has certification	procedures in place to:
	mentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household or her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon acc Lifeline administrator prior to enrolling a consumer	ess to a state database and/or notice of eligibility from the state in the Lifeline program.
I am an officer of the company named above. I am au above.	athorized to make this certification for the Study Area Code listed
Initial SM	

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	E = (A - B - C - D)
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
145	0	0	3	142

Recertification Results:

F	G	H = (F-G)	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
142	77	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

	rough 3. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	ove.
	itial
	AND/OR
B.)	ertify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	SAC Results are provided in the chart above in
	ocks K through L. I am an officer of the company named above. I am authorized to make this certification for the
	AC listed above.
	itial SM
	OR
C	pertify that my company did not claim federal low income support for any Lifeline subscribers for the February

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	
RABBUSARA	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
142	77	54.23%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer

Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer 01/27/2015

Date

218-346-8446

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
361430	Melrose Telephone Company
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All carriers must complete all or portions of all sections

Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

361448	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must pro	vide a certification form for each SAC through which it provides Lifeline service).
MN	Osakis Telephone Company
State	ETC Name
arvig	Arvig Enterprises, Inc
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Does the reporting company have affiliated ET	Cs? Yes No No O
	g DIC, using page + and daditional sheets if necessary. Affiliation shall be
determined in accordance with Section 3(2) of the Communic owns or controls, is owned or controlled by, or is under com	cations Act. That Section defines "affiliate" as "a person that (directly or indirectly) mon ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
determined in accordance with Section 3(2) of the Communic	

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	SM	
Initial		

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
32	0	0	0	32

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} \mathbf{-G})$	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
32	21

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

	above.
	Initial
	AND/OR
3.)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	. Results are provided in the chart above in
	Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the
	SAC listed above.
	Initial SM
	OR
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C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

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Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
32	21	65.63%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No 🗿

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Printed Name and Title of Officer

Staci Malikowski - Chief

01/27/2015 Date

218-346-8446

Contact Phone Number

Financial Officer

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Valley-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
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All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

361453			
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a contract of the contract of	certification form for each SAC through which it provides Lifeline service).		
MN	The Peoples Telephone Co. of Bigfork		
State	ETC Name		
arvig	Arvig Enterprises, Inc		
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
determined in accordance with Section 3(2) of the Communications	Yes No		
Affiliated ETC's SAC	Affiliated ETC's Name		
See attached worksheet			
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate bypresident, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.		
I certify that the company listed above has certification pr	ocedures in place to:		
	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or		
B) Confirm consumer eligibility by relying upon acces Lifeline administrator prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.		
I am an officer of the company named above. I am auth above.	orized to make this certification for the Study Area Code listed		
Initial SM			

Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
41	0	0	1	40

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
40	19

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial AND/OR B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: . Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial SM OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

	tial	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
40	19	47.5%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online

Signature of Officer

staci.malikowski@arvig.com

Email Address of Officer

Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer

01/27/2015

Date

218-346-8446

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Vallev-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361448	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Vallev Telephone Company
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All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

361472	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a co	ertification form for each SAC through which it provides Lifeline service).
MN	Redwood County Telephone Company
State	ETC Name
arvig	Arvig Enterprises, Inc
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "NA" Do not leave blank)
Does the reporting company have affiliated ETCs?	Yes No O
	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) nership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An officer is laws (or partnership agreement), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by- president, vice president for operations, vice president for finance, per is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Certification All ETCs must complete t	his section
I certify that the company listed above has certification pro	ocedures in place to:
	ntation prior to enrolling a consumer in the Lifeline program, and s presented with documentation of each consumer's household her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in t	to a state database and/or notice of eligibility from the state he Lifeline program.
I am an officer of the company named above. I am authorabove.	orized to make this certification for the Study Area Code listed
Initial SM	

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
34	0	0	2	32

Recertification Results:

F	G	$\mathbf{H} = (\mathbf{F} \mathbf{-} \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
32	14

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	

AND/OR

B .)	I certify that the company listed above has procedures in place to rece	er	tify cons	ume	r eligibilit	y by	rely	ing or	1:	
	LISAC		Results	are	provided	in	the	chart	above	in
	Blocks K through L. I am an officer of the company named above.	I	am autho	rize	d to make	this	cer	tificati	on for t	the
	SAC listed above.									
	Initial SM									

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

itial

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
32	14	43.75%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer

Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer
01/27/2015
Date
218-346-8446

	T NT
SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Vallev-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
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361491

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

0. 1. 4. 6. 1. (0.4.6)	
Study Area Code (SAC)	a contification form for good SAC through which it provides lifeling comics)
(An Eligible Telecommunications Carrier (ETC) must provide	a certification form for each SAC through which it provides Lifeline service).
MN	Twin Valley-Ulen Telephone Company
State	ETC Name
arvig	Arvig Enterprises, Inc
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
determined in accordance with Section 3(2) of the Communication	? Yes No No No TC, using page 4 and additional sheets if necessary. Affiliation shall be ons Act. That Section defines "affiliate" as "a person that (directly or indirectly) a ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's SAC	Affiliated ETC's Name
See attached worksheet	
formation, or other similar legal document. An office laws (or partnership agreement), and would typically be	ant of a position listed in the article of incorporation, articles of er is a person who occupies a position specified in the corporate byte president, vice president for operations, vice president for finance, filer is a sole proprietorship, the owner must sign the certification.
I certify that the company listed above has certification	procedures in place to.
	mentation prior to enrolling a consumer in the Lifeline program, and was presented with documentation of each consumer's household or her enrollment in Lifeline; and/or
B) Confirm consumer eligibility by relying upon acc Lifeline administrator prior to enrolling a consumer	cess to a state database and/or notice of eligibility from the state in the Lifeline program.
I am an officer of the company named above. I am at above.	uthorized to make this certification for the Study Area Code listed
Initial SM	

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
173	0	0	7	166

Recertification Results:

F	G	H = (F-G)	1	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC	
166	94	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

	through 3. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	Initial
	AND/OR
B.)	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
	USAC Results are provided in the chart above in
	Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the
	SAC listed above.
	Initial SM
	OR
C.)	I certify that my company did not claim federal low income support for any Lifeline subscribers for the February

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial	

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
166	94	56.63%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
staci.malikowski@arvig.com
Email Address of Officer
Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer 01/27/2015

Date

218-346-8446

SAC	Name
361385	East Otter Tail Telephone Company
361365	Callaway Telephone Company Inc.
369007	Tekstar Communications Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Valley Telephone Company
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All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must prov	ide a certification form for each SAC through which it provides Lifeline service).
MN	Tekstar Communications Inc.
State	ETC Name
arvig	Arvig Enterprises, Inc
DBA, Marketing or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
	Cs? Yes No No O g ETC, using page 4 and additional sheets if necessary. Affiliation shall be ations Act. That Section defines "affiliate" as "a person that (directly or indirectly non ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
ns or controls, is owned or controlled by, or is under comm	Affiliated ETC's Name

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Section 1: Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial	SM	

Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
580	0	0	12	568

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
568	339

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.
	Initial
	AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: ____. Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial SM

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above. Initial

OR

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
568	339	59.69%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes O

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Certified Online

Signature of Officer

staci.malikowski@arvig.com

Email Address of Officer

Loretta Tastad

Person Completing This Certification Form

Staci Malikowski - Chief Financial Officer

Printed Name and Title of Officer

01/27/2015

Date

218-346-8446

SAC	Name
361385	East Otter Tail Telephone Company
361491	Twin Vallev-Ulen Telephone Company
361365	Callaway Telephone Company Inc.
361431	Midwest Telephone Company
361448	Osakis Telephone Company
361453	The Peoples Telephone Co. of Bigfork
361408	Home Telephone Company
361430	Melrose Telephone Company
361472	Redwood County Telephone Company
361372	Clements Telephone Co.
361443	Loretel Systems Inc.
361391	Felton Telephone Company
361374	Arrowhead Communications Corporation
361383	Eagle Vallev Telephone Company
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